

2016 Retiree Plan Highlights

Group BlueCHiP for Medicare



An overview of premiums, copayments, and coinsurance costs for each plan option

| | Plan Options | | | |
|---|--|--|---|---|
| | BlueCHiP for Medicare Group Plus (HMO) | BlueCHiP for Medicare Group Preferred (HMO-POS) | BlueCHiP for Medicare Group Preferred Unlimited (HMO-POS) | BlueCHiP for Medicare Group Preferred Unlimited 2 (HMO-POS) |
| Plan Features | | | | |
| Monthly Premium ¹ | \$156 | \$242 | \$293 | \$339 |
| Out-of-pocket Maximum ² | \$3,000 | \$3,000 | \$3,000 | \$2,500 |
| Copayments | | | | |
| PCP office visits | \$0-10 | \$0-10 | \$0-5 | \$0-10 |
| Specialist office visits | \$30 | \$30 | \$25 | \$10 |
| Hospitalization | | | | |
| Inpatient | \$250 per admission per benefit period | \$250 per admission per benefit period | \$250 per admission per benefit period | \$100 per admission per benefit period |
| Outpatient | 20% coinsurance | 20% coinsurance | 20% coinsurance | \$0 |
| Skilled nursing facility | Days 1-29: \$0/day Days 30-100: \$50/day | Days 1-29: \$0/day Days 30-100: \$50/day | Days 1-29: \$0/day Days 30-100: \$50/day | Days 1-29: \$0/day Days 30-100: \$50/day |
| Diagnostic tests, X-rays, and lab services ³ | \$0 for X-ray and lab services; \$50/day for MRI/CT scan | \$0 for X-ray and lab services; \$50/day for MRI/CT scan | \$0 for X-ray and lab services; \$50/day for MRI/CT scan | \$0 for X-ray, lab services, and MRI/CT scan |
| DME/Home healthcare | \$0 | \$0 | \$0 | \$0 |
| Emergency room | \$65/visit | \$65/visit | \$65/visit | \$50/visit |
| Ambulance | \$50/day | \$50/day | \$50/day | \$50/day |
| Out-of-network Costs for Point-of-Service (POS) Option | N/A | 20% coinsurance POS out-of-pocket max \$3,000 | 20% coinsurance POS out-of-pocket max \$3,000 | 20% coinsurance POS out-of-pocket max \$3,000 |
| Prescription Drugs ⁴ | Retiree will pay the following amounts until total yearly drug costs reach \$3,310. | | Unlimited generic and brand name coverage | Unlimited generic and brand name coverage |
| Tier 1 (generic) | \$8 | \$6 | \$0 | \$0 |
| Tier 2 (preferred brand) | \$24 | \$20 | \$45 | \$45 |
| Tier 3 (non-preferred brand) | \$52 | \$50 | \$95 | \$95 |
| Tier 4 (specialty tier) | 25% | 25% | 33% | 33% |
| Catastrophic Coverage | After total out-of-pocket costs reach \$4,850 you pay the greater of \$2.95, \$7.40 or 5% coinsurance. | | | |
| Additional Benefits | | | | |
| Living Fit | \$5/month | \$5/month | \$5/month | \$5/month |
| Vision hardware | \$150/year | \$150/year | \$150/year | \$150/year |
| Hearing aids | N/A | \$500 every three years | \$500 every three years | \$500 every three years |

You are covered for the following dental benefits. You must receive these services from one of our participating dentists. To get the most up-to-date information about participating providers, please visit bcbsri.com.

| Plan Features | Dental Benefits | |
|---|---|--|
| | With BlueCHiP for Medicare Group Plus (HMO) | With BlueCHiP for Medicare Group Preferred (HMO-POS), Group Preferred Unlimited (HMO-POS), and Group Preferred Unlimited 2 (HMO-POS) |
| Preventive Services | | |
| Annual exam | You pay nothing. | You pay nothing. |
| Cleanings | You pay nothing. One cleaning per calendar year. | You pay nothing. Two cleanings per calendar year. |
| X-rays | | |
| Bitewing X-rays | You pay nothing. One set per calendar year. | You pay nothing. One set per calendar year. |
| Full mouth set (one set every five years) | N/A | You pay nothing. |
| Individual X-rays | N/A | You pay nothing. |
| Comprehensive Services | | |
| Includes fillings; simple extractions; minor treatment to relieve acute pain; oral surgery; root canal therapy; biopsies, and denture repairs | N/A | You pay 20%. |
| Annual Benefit Maximum | N/A | \$1,500 |

¹ Must have Medicare Part A and Medicare Part B to enroll. All members must continue to pay their monthly Medicare Part B premiums.

² The out-of-pocket maximum includes only Medicare-covered services. This is the most a member would pay for these services during a calendar year. If you select BlueCHiP for Medicare Group Plus, you must receive all routine care from plan providers. If you select BlueCHiP for Medicare Group Preferred, BlueCHiP for Medicare Group Preferred Unlimited, or BlueCHiP for Medicare Group Preferred Unlimited 2, it may cost more to get care from out-of-network providers, with the exception of emergencies, urgent care, ambulance, or dialysis.

³ Review may include but is not limited to preauthorization and/or continued treatment by the Plan and/or Plan designee.

⁴ **BlueCHiP for Medicare Group Plus:** After your total yearly drug costs reach \$3,310, you pay 45% of the cost (plus the dispensing fee) on brand-name drugs and pay only 58% of the cost of generic drugs until your yearly out-of-pocket drug costs reach \$4,850, unless you are getting Extra Help. **BlueCHiP for Medicare Group Preferred:** After your total yearly drug costs reach \$3,310, BlueCHiP for Medicare Group Preferred covers all Tier 1 drugs at the applicable copayment and you pay 5% of the cost (plus the dispensing fee) on brand name drugs until your yearly out-of-pocket drug costs reach \$4,850, unless you are getting Extra Help. **BlueCHiP for Medicare Group Preferred Unlimited and BlueCHiP for Medicare Group Preferred Unlimited 2:** After your total yearly drug costs reach \$3,310, you receive continuous coverage by the plan for your drugs and the applicable tier cost shares will continue to apply until your yearly out-of-pocket drug costs reach \$4,850. **All plans:** Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

Questions?

To enroll or to learn more about how BlueCHiP for Medicare Group plans can help meet your healthcare needs, please call today: **1-800-505-2583. TTY: 711.**

Our hours are: **Monday through Friday, 8:00 a.m. to 4:30 p.m.** (open seven days a week, **8:00 a.m. to 8:00 p.m. from October 1 - February 14**). You can use our automated answering system outside of these hours.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. [Benefits, premium and/or co-payments/co-insurance] may change on January 1 of each year. Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal. An independent licensee of the Blue Cross and Blue Shield Association.



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